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Biological
& Medical
Serials

Ophthalmic Literature

EDITOR, ... EDWARD JACKSON, M. D.
ASST. EDITOR, ... WILLIAM H. CRISP, M. D
CORRESPONDENTS . . { DR. MARCEL DANIS, Brussels, Belgium
PROF. J. KOMOTO, - Tokyo, Japan

Vol. V. OCTOBER, 1915 No. 10

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PRICE FIVE DOLLARS PER YEAR, IN ADVANCE

Published Monthly by EDWARD JACKSON, 318 Majestic Building, Denver, Colorado, U. S. A.

Entered as second-class matter November 6, 1912, at the Postoffice at Denver, Colorado, under the Act of March 3, 1879.

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Ophthalmic Literature

VOL. V. OCTOBER, 1915. NO. 10.

Edited by EDWARD JACKSON. Assisted by WILLIAM H. CRISP.

BOARD ON EXAMINATIONS IN OPHTHALMOLOGY.

The last three members of the Board were chosen at the Chicago meeting of the American Academy of Ophthalmology and Oto-Laryngology, October 6th. They are Wendell Reber of Philadelphia, Walter B. Lancaster of Boston, and Frank C. Todd of Minneapolis. Those chosen in July by the American Ophthalmological Society are Myles Standish of Boston, Alexander Duane of New York, and William H. Wilder of Chicago, and those chosen in June by the American Medical Association, Section on Ophthalmology, are Edward Jackson of Denver, Hiram Woods of Baltimore, and Edward C. Ellett of Memphis.

These men have been actively interested in the teaching of ophthalmology, and the improvement of the standards of ophthalmic education and take up their work in this direction with the support of the majority of American Ophthalmologists. But it is a big undertaking in which haste cannot be substituted for good judgment. A preliminary meeting of the Board has already been held, and the formulation of detailed plans assigned to committees. This is the time for those who are interested in the movement to bring before the members of the Board their ideas with regard to such examinations, especially such as have not come out in the discussions of the subject that have taken place in the different special societies, or conferences during the past three years.

EDUCATIONAL QUESTIONS.

The literature of ophthalmology is of importance chiefly as it contributes to the education of the ophthalmologist, and OPHTHALMIC LITERATURE has consistently given space to the discussion of educational questions. Just now when the bulk of the world's scientific literature has been greatly decreased by reason of the war, the Index of Ophthalmology requires less space. There is no need to expand our Abstracts from Foreign Journals, for in this department we have not intended to supplant other ophthalmic journals published in English, which are now covering the field of foreign literature more completely than they ever did before.

For these reasons in the next few months more space may be given to the general problems of education for ophthalmic practice; and in the next few months these problems should be widely discussed and carefully considered in America. A first step of the newly created Board of Examinations will be to outline the kind and amount of training that can fairly be expected of one who intends to enter ophthalmic practice. While no rigid curriculum can be laid down and required, a course of study must be outlined, definite enough to give assistance

to the graduate student and indicate what he will be expected to know when he comes up for examination. To shape such a curriculum the united wisdom and experience of American Ophthalmologists should be available. This is practicable through the pages of our ophthalmic journals, all of which will be willing to assist in the movement. In this number we print a letter from a well-known veteran ophthalmologist upon this subject.

OBJECTIONS TO EXAMINATIONS IN OPHTHALMOLOGY.

Although the plan to establish examinations in ophthalmology was adopted unanimously in the Section on Ophthalmology of the American Medical Association and the American Academy of Ophthalmology and Oto-Laryngology, it was adopted after some questions and objections had been offered, in the American Ophthalmological Society and in private conversation, with regard to it. Certain objections have been raised. Apparently most of these objections have been based on imperfect understanding of the purposes or expected results of such examinations, but it is proper that they should be stated and fairly discussed.

First: It has been feared that the requirement of such examinations would work hardship to well-educated and established ophthalmologists who preferred not to submit themselves to any such test. The penalty, if penalty it can be called, for not passing such an examination will be exclusion from participation in the organizations establishing them. This cannot effect those already enrolled in these organizations, and it is expressly provided that it shall not effect those who are admitted to these organizations up to 1920. This gives ample opportunity for all who are now fitted to become acceptable members of such organizations to do so. The American Academy of Opthalmology has sought to bring into its fellowship all Americans who could show fair preparation for ophthalmic practice. The Section on Opthalmology of the American Medical Association only requires membership in a county medical society, and an interest in opthalmology sufficient to induce one to attend a meeting once in five years and sign a card of enrollment. These organizations have for years sought the active support of every competent opthalmologist. If after five years more it should be made more desirable and more difficult to gain membership in them, small sympathy can be felt for those who have so far neglected to help themselves and their profession by joining and taking part in their meetings.

With regard to the American Opthalmological Society the case is slightly different. A man might be well-fitted for membership in it, but on account of the numerical limit to that membership, it might be five years before he could gain admittance. But an especial value of membership in this organization has been connected with the difficulty of getting into it. The outsider can hardly complain if the society decides to make the difficulty and the honor greater. Membership in this particular society is not necessary to successful practice, or high professional standing. The society has already in the recent past added to its requirements for membership. And its recognition of a certificate from the joint board of examiners can hardly

be regarded as adding to the difficulties of candidates for its membership.

From another point of view the proposed plan of having examinations must be defective, because it cannot be applied to all who are already engaged in ophthalmic practice. This difficulty our correspondent compares to that "with which some of us old fellows were confronted in the first efforts to get laws to regulate the practice of medicine." In spite of this it would be hard to find an intelligent person, familiar with the history of the medical profession in America, who would claim that medical practice laws had not exerted a good influence; or who would propose to abolish them, or return to the conditions that prevailed before their adoption.

Then there is this important difference in the situation. In order to require a medical license as a condition of practice within the state it had to be granted by registration to all who had practiced a certain length of time in the state, and so were supposed to have acquired a certain "vested right" to practice. Nothing of the kind will be necessary with regard to the diploma or certificate granted by the Board for Examinations on Ophthalmology. It will not be a legal condition of practice. It will be given to no one who does not pass the examinations in question. Whatever significance it may have, as evidence of preparation for ophthalmic practice, will honestly attach to it and properly belong to the man or woman who holds it.

Of course, it might in some ways seem desirable, it might suddenly improve the practice of ophthalmology throughout America, if every one now engaged in ophthalmic practice could be compelled to take such examinations, and those who failed to pass could henceforth be excluded from practice. But it is idle to consider such a suggestion; social development does not come in that way.

When the examinations are established there are many now in ophthalmic practice who will not take them; some because they fear they could not pass; many because they are not disposed to take unnecessary trouble about anything, and cannot see that they need to test or improve the professional knowledge and skill they now possess. There are old men trying in many ways to diminish their professional work and looking forward to retiring from practice altogether. There are others who acquire very early in life the old man's point of view with regard to all innovations and new ideas, and oppose them as making unnecessary trouble. It would be idle to expect all who are now practicing to voluntarily take such examinations; and quite impossible to require by law any examinations that would be worth enforcing as a condition of special practice.

But in spite of all this there are many American ophthalmologists now established in practice, whose work has already given them good or high professional standing, who will voluntarily and gladly take these examinations. We have been surprised at the number that have already expressed their determination to do so at the earliest practicable moment. These are the men who will influence the profession of the future, who look forward, who welcome every oppor-

tunity to test and improve their attainments. They will give significance and value to the diploma in ophthalmology that such a board may grant.

There are other objections that have been raised to such examinations or to any examinations as tests of fitness for practice; but their consideration must be deferred for another month.

CORRESPONDENCE—EXAMINATIONS.

Editor Ophthalmic Literature:

In your issue for September I note a plan (doubtless from your pen) for moral support of examinations to test proficiency in ophthalmology—every one now engaged in that practice to take the examination; and while this is the only correct thing to be done, it rather points to the work of the "Joint Committee" as placing the "cart before the horse."

In the first place one cannot help wondering if on such a basis a "joint committee" would ever have been appointed; and in the second place if it were, how a board of examiners could be constituted. That was the "pons asinorum" with which some of us old fellows were confronted in the first effort to get laws to regulate the practice of medicine. We had to be contented with the "time limit" because the man long out of school could not make the detail showing of the recent graduate, and there was too much of truth in the claim that five years of practice should make the average man more generally competent than the better (perhaps) schooled beginner. It may be the same in ophthalmology.

Success or failure in the practice of medicine (or any branch of it), as in other callings, depends basically upon knowledge or ignorance. But these are only relative terms, for no man attains perfect knowledge, and total ignorance speaks for itself. Moreover the bad work which brings reproach is not confined to the comparatively ignorant, in the sense of technical knowledge. I have in mind a recent instance where it seemed to come from the excess of such qualifications. The fault was deeper (in some it may be incorrigible), viz.: Inability to grasp the limitations of that knowledge.

It is also more than probable that some of us who are said to have "won our spurs" began with qualifications inferior to those outlined by the "joint committee" (and their requirements are certainly not excessive); but in those remote days the "exact science" obsession had not developed, and we began with greater respect for our own shortcomings. After all this self same respect, the original "safety first," coupled with an earnest purpose to be more competent with every new day is the real path to the better understanding at which we aim. Nor should we forget that tangible evidence that one is better qualified than another may be disappointing in more ways than one.

Truly yours,

H. B. YOUNG.

BOOK NOTICES.

American Encyclopedia of Ophthalmology, Volume VII, Edited by **Casey A. Wood,** assisted by a large staff of collaborators. Pages 4849 to 5671. Fully illustrated. Chicago: Cleveland Press, 1915. Price, $6.00 per volume.

This volume carries the encyclopedia from Exophthalmometer to Gyrus, Angular. Among the more important articles it contains, is an interesting history of eye-glasses and spectacles by Emory Hill, elaborately illustrated, and tracing their development from the earliest

Chinese traditions to the latest forms. This is followed by a section on the mechanical adjustment of eye-glasses; the two together occupying about ninety pages.

Under the heading "Eyes of Soldiers, Sailors, Railway and Other Employés, Examination of," we find an article of eighty-seven pages by Nelson Miles Black, which extends beyond its title to the description and discussion of signals and theories of color vision, and which brings together a great deal of comparatively new and valuable matter bearing on these subjects. "Familial Eye Affections" deals with eye diseases running in families in general. Apparently it has been written by the editor.

The section on "Glaucoma" has been written by William Campbell Posey, Burton Chance, and the editor. It occupies 160 pages and constitutes a valuable, well-illustrated monograph, including generally full accounts of the newer operations for relief of this condition. But it hardly does justice to Elliot's trephine operation in representing the triangular conjunctival flap that he used in 1910, instead of the broadly connected flap which he describes in both editions of his book, 1913 and 1914.

There are in this volume many other sections full of material of the greatest interest to the ophthalmologist, made most readily accessible by encyclopedic arrangement. It would be hard to find a better model of what a section of an encyclopedia ought to be than the page on "Focus" by C. F. Prentice. In an undertaking of this extent, and which is so largely a pioneer work, however, it is not to be expected that all parts should attain to the highest literary standards of condensation, or to a perfect balance of subjects treated.

The Editor has attached some importance to having the work strictly American and has declined valuable assistance from European writers to keep it true to its name. But we believe he has no desire to make it provincial or Chauvinistic. It is rather disappointing therefore after reading seven pages devoted to Dr. Aaron Friedenwald, of Baltimore, to find Albrecht von Graefe and his work considered in less than three. A regrettable omission is the absence of any notice of either George James Guthrie, founder of the Royal Westminster Eye Hospital, author of the most complete operative surgery of the eye of his time, and of important monographs upon artificial pupil and extraction of cataract or of his son, Charles W. G. Guthrie, who also published important monographs upon cataract and squint. To most readers it does not compensate for such an omission to have a sketch of F. A. Guthrie, "a locally well-known ophthalmologist of La Salle, Illinois," who does not seem to have written anything on ophthalmology, to have belonged to any special society, or to have held any public position for ophthalmic service, although we have no reason to doubt "that he was a very pleasant and agreeable young man."

Transactions of the Section on Ophthalmology of the American Medical Association, 1915. 8 vo. 275 pages. Illustrated. Published by the A. M. A., Chicago. Cloth, subscription price $1.00.

This is the smallest volume of the transactions of this section that has been published for over fifteen years. The reason is easily found. The association has met twice within four years in California, a state far removed from the center of membership. This has tended to build up the membership of the section from that particular state, but has not favored the general participation of American ophthalmologists in the scientific proceedings. However, the high scientific character of the papers and discussions here printed is up to the best standards for such literature. No better papers are to be found in current literature than those on operations for detached retina by Parker, Thomson, and Curtin; projectile wounds of the head by Mills,

Post-operative detachment of the choroid by Barkan, or Oxycephalic Exophthalmos by Fenton, while papers by Wolfner and Wiener, Pischel, Cary, Stark, Derby, and Walker each report, and call attention to, important observations. The committee reports are also an important feature of this volume, most of them being characterized by desirable brevity.

Woodruff, Charles E. Medical Ethnology. 8vo, 330 pages. New York: Rebman and Company, 1915.

This book is really an amplification of its author's earlier work on The Effects of Tropical Light on White Man. It has a chapter on Eye Diseases Due to Light, which will be of interest to the ophthalmologist, although he may find elsewhere more complete accounts of this subject. Other chapters, however, on Pigmentation, the Action of Ether Waves on Protoplasm, and the Effects of the Infra-red light, Ultra-violet, X-Ray, and Radium Emanations, may prove more interesting and suggestive. A large number of quotations and references are brought together, the majority of them supporting the general thesis, that light can act as an unfavorable and dangerous force, from which the eye and nervous system need to be protected.

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Bergmeister, R. Rupture of Membrane of Descemet with Partial Necrosis of Cornea in a Gliomatous Eye. (Zeitschrift für Augenheilkunde, vol. 32, p. 205.)

The eye, the condition of which is described, had been removed from a three-year-old boy. It contained a typical, fairly vascular glioma exophytum, with rather early involvement of the optic nerve. Tumor cells were lacking in the choroid, which, with the exception of marked atrophy, showed no changes. The ciliary body was infiltrated with tumor cells, and the iris was transformed into a tumor mass. There had been no inflammatory disturbances. The corneal changes included rupture of the membrane of Descemet, partial necrosis of the cornea in the deep central layers, and a connective tissue growth or transformation of the posterior surface of the cornea where formerly covered by the membrane of Descemet.

The rupture of the membrane of Descemet was attributable to a very great increase of tension, evidence of which was found in the presence of megalocornea, of intercalary ectasias, and of general enlargement of the eyeball. The corneal changes anterior to Descemet's membrane are explained as due to the production of a cytotoxin from the dead glioma cells, which in the absence of the normal resistance of the membrane of Descemet has a necrotic effect upon the cornea. According to the author this cytotoxin also stimulates the corneal endothelium to connective tissue formation. A further effect of the poison is a sclerosis of the marginal parts of the cornea surrounding the necrotic area, as well as a low-grade parenchymatous keratitis of the middle and superficial lamellae of the cornea.

Deutschmann, R. Intraocular Tumor and Radiotherapy. (Zeitschrift für Augenheilkunde, vol. 33, p. 206.)

The patient, a man of 51 years, had lost his right eye by enucleation after an injury. He came in October, 1912, complaining of a clouding of the vision of the left eye. The visual acuity was counting of fingers at four meters. In the upper outer region of the fundus was a roundish tumor covered by a retinal detachment. On account of the previous loss of the other eye, an attempt was made to destroy the tumor with mesothorium as suggested by Axenfeld. Treatment was begun on the 13th of May, 1913. The capsule containing the mesothorium was introduced through an incision in the conjunctiva as far back as was possible with the patient looking strongly downward and inward. The capsule was secured by a thread and the conjunctical wound was closed with one stitch. The patient was left lying on the operating table for one hour, after which the conjunctival suture was removed and the capsule withdrawn. Neither during the presence of the capsule on the eyeball nor afterward did the patient suffer any pain or other subjective sensations, such as light phenomena.

There was no reactive disturbance except such as could be attributed to the slight operative act. Nine days later the tumor gave distinctly the impression of a beginning flattening. Eighteen days after the treatment the vision was fingers at five meters, the tumor was distinctly flattened, the surface being no longer rounded but level and presenting small folds, giving the general appearance of a relief map of a mountain region. The treatment was repeated on the 14th of June, and further shrinkage was observed. The patient went on a journey and did not return till the 3rd of September of the same year. The condition was then as before. Four further treatments were given, at intervals of about two weeks. At the patient's own wish he was discharged in December, 1913, although the treatments were not

regarded as being completed. The vision at this time was fingers at three meters, and the defect in the visual field was slightly greater than at first. The patient has not been heard of since that time. The author feels certain that he was dealing with a case of sarcoma of the choroid.

Reis. Can the Derivation of Retinal Glioma from Pigment Epithelium of the Retina Be Considered Proven? (Zeitschrift für Augenheilkunde, vol. 33, p. 175.)

Reis is not satisfied with the evidence offered by Deutschmann for the derivation of glioma from the pigment epithelium of the retina. According to the point of view at present generally held, glioma is a tumor arising in the region of the retina, during the period of embryonic development from neuroblasts within the retina itself. The scattering of these primitive cells may naturally result in their distribution in the most varied layers of the retina, but the relation of the tumor which subsequently develops to any particular layer is always purely one of locality and not of origin. If, therefore, it should occur that the elements of the embryonic retina were scattered in and underwent tumor development in what was later to be the pigment epithelium layer, the glioma developing in such case could in no way be regarded as being derived from the pigment epithelium of the retina.

Meller, J. Retrogression of Retinal Glioma. (Centralblatt für praktische Augenheilkunde, 39th year, p. 101.)

Graefe and others have emphasized the statement that glioma is not a tumor which is capable of retrogression. In Meller's case, however, not only did five years elapse without advance in development of the tumor, but in the latter part of this period there were definite signs of retrogression. The patient, a boy of four years, was brought in July, 1910, with the statement that the right eye had turned out since birth and had always looked different from the other eye. In recent months the eye had shown increasingly a yellowish sheen. The retina of this eye was detached and came close to the posterior surface of the lens. Careful examination of the other eye, in which the parents had noticed nothing abnormal, showed the presence of several circumscribed tumor nodules, the largest of which were close to the lower inner margin of the disc.

Enucleation of both eyes was refused by the parents. In order to do something therapeutically, the eyes were subjected to treatment with the X-rays, iodin was given internally, and a "bath" cure was ordered. Examination early in September of the same year showed no change in the condition of either eye, but a week later it was necessary to enucleate the right eye on account of acute glaucomatous symptoms. In June, 1911, the condition of the left eye was found unchanged. In December of the same year, the author got the impression that the tumors in this eye were slightly larger, but he was unable to perceive any change in the nodules during 1912.

The patient was lost sight of until the end of March, 1915. At this date the right orbit was found free from recurrence. The retinal foci of the left eye were present in the same size and shape as previously, but they had become flat and had, to some extent, the appearance of areas of choroidal atrophy, from which they differed in containing fragmentary white chalky masses. At the first examination these nodules had been covered by numerous large tortuous vessels, but these had now almost disappeared. Histologic examination of the enucleated right eye showed the typical picture of glioma exophytum. Rosette figures were not found. The condition of the eye was otherwise that of secondary glaucoma in a tumor eye. Although the description given by the parents pointed strongly to the presence of

the tumor at birth, yet when the eye was enucleated at the age of four years, the tumor had not produced very extensive neoplastic changes. Outside the retina and the subretinal space the remaining tissues of the eye were still intact, and in the choroid only could the first evidences of daughter nodules of the tumor be found. The simultaneous diminution in size of all three growths in the left eye points to a distinct retrogressive change.

The temporary retrogression in gliomatous growths described by other authors began almost without exception with a shrinking of the eyeball. In Wintersteiner's case the retrogression was of only short duration, and the tumor resumed its development after two months with a fatal outcome. Axenfeld has lately reported a case in which apparent cure of glioma nodules of the retina followed repeated intensive Röntgen radiation. But Meller is satisfied that in the case he reports the use of the Röntgen rays was not responsible for the favorable outcome.

Ticho, A. Spring Catarrh in Palestine. (Klinische Monatsblätter für Augenheilkunde, vol. 54, p. 510.)

In Palestine the clinical symptoms of spring catarrh appear as early as February, steadily increase during the summer months and reach their greatest frequency in June and July. In only one case, that of a 13-year-old Arab suffering from the tarsal form, did the disturbances of the disease reach their highest point in December. In other cases this occurred in August and September. Of Ticho's cases 92.31 per cent were of the male sex, as against 97 per cent as reported by Saemisch, and 90 per cent as reported by Horner.

The severest degree of the disease was found in an 18-year-old laborer who also was a subject of infantilismus. There were slight ptosis, photophobia, and conjunctival and ciliary injection of the eyeball. The conjunctiva of the tarsus showed large papillary elevations, and was covered by a bluish-white film. At the upper half of the limbus there were solid gray nodular thickenings. The transitional folds were free. There was a peculiar yellow elastic secretion, examination of which showed pronounced eosinophilia.

The secretion disappeared after removal of the large papillary growths with a cataract knife, but the patient reappeared six weeks later with the papillae again of their original size and with a suppurating ulcer of the upper half of the right cornea. Pannus-like vascularization of the upper third of the cornea soon developed. A similar ulcer also developed on the left cornea, but yielded with surprising rapidity under the use of air-tight goggles, as recommended by Bayer.

Of Ticho's twenty-eight cases, in only one were the disturbances of the disease limited to the eyeball. Four belonged to the mixed and the remainder to the palpebral form. Two of the mixed and one of the palpebral cases showed corneal and uveal complications. Trachoma and vernal catarrh were often present in the same patient.

Statement of the Ownership, Management, Circulation, Etc., of Ophthalmic Literature, Published Monthly at Denver, Colorado, Required by the Act of August 24, 1912.

Name of Editor and Managing Editor, Edward Jackson; postoffice address, 318 Majestic Building, Denver, Colorado; Business Manager, Publisher and Owner, Edward Jackson, 318 Majestic Building, Denver, Colorado. Known bondholders, mortgagees and other security holders, holding 1 per cent or more of total amount of bonds, mortgages, or other securities—none. EDWARD JACKSON.

Sworn to and subscribed before me this 30th day of September, 1915. GRACE E. CLARK, Notary Public.

Ophthalmic Journals

American Journal of Ophthalmology, St. Louis, Mo.
Anales de Oftalmologia, Mexico City, Mexico.
Annales d'Oculistique, Paris, France.
Annali di Ottalmologia, Pavia, Italy.
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Printed by Western Newspaper Union